

TELEPHONE CHANGE REQUEST FORM

Supply Phone 465-3763

Fax 465-2918

Email: Coleen.Chartier@akleg.gov

Date of Request: _____

Office/Rm#: _____

Requested by: _____

Make changes to phone # : _____

Request the following change(s):

Change the Caller ID to read: _____

Other/Comment: _____

Cisco 2-line phone

Circle one or all that apply

	<u>When Phone is Idle</u>	<u>When Phone is In Use</u>
Line 1: _____ (add; delete)	(Ring or Flash)	(Ring; Ring once; Flash; or Beep)
Line 2: _____ (add; delete)	(Ring; Flash; or Beep)	(Ring; Ring once; Flash; or Beep)

Cisco 6-line phone

Line 1: _____ (add; delete)	(Ring or Flash)	(Ring; Ring once; Flash; or Beep)
Line 2: _____ (add; delete)	(Ring; Flash; or Beep)	(Ring; Ring once; Flash; or Beep)
Line 3: _____ (add; delete)	(Ring; Flash; or Beep)	(Ring; Ring once; Flash; or Beep)
Line 4: _____ (add; delete)	(Ring; Flash; or Beep)	(Ring; Ring once; Flash; or Beep)
Line 5: _____ (add; delete)	(Ring; Flash; or Beep)	(Ring; Ring once; Flash; or Beep)
Line 6: _____ (add; delete)	(Ring; Flash; or Beep)	(Ring; Ring once; Flash; or Beep)